

Case Number:	CM14-0067637		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2012
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old who reported an injury on July 9, 2012. The mechanism of injury was lifting. She is diagnosed with left carpal tunnel syndrome. It was noted that she had completed 2 sessions of postoperative occupational therapy following her left wrist surgery. The injured worker was noted to be status post left carpal tunnel release on March 4, 2014. On April 3, 2014, the injured worker presented for a followup visit one month status post left carpal tunnel release surgery. Her physical examination revealed mild erythema and inflammation of the left wrist with no signs of infection. Her medications included Motrin and omeprazole. The treatment plan included continued participation in a home exercise program and 12 additional occupational therapy sessions for the left wrist and hand. A specific rationale for the additional therapy was not provided. The Request for Authorization form was submitted on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-operative physical therapy for the left hand/wrist, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: According to the California Postoperative Guidelines postsurgical physical medicine may be recommended up to three to eight visits over three to five weeks following carpal tunnel release surgery. The guidelines further state that there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome, benefits need to be documented after the first week and prolonged therapy visits are not supported. The clinical information submitted for review indicated the injured worker had participated in two occupational therapy visits following her surgery. Therefore, additional visits would be supported to establish benefit and promote functional gains. However, the requested for visits two times a week for 6 weeks exceeds the guidelines recommendation for a maximum of eight visits after carpal tunnel release surgery. Therefore, the request for post-operative physical therapy for the left hand/wrist, twice weekly for six weeks, is not medically necessary or appropriate.